REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7/26/05 2 Serial/Patent # 10/52/898					
3 Please refund the following fee(s):		4 PAI	PER MBER	5 DATE FILED	6 AMOUNT
V	Filing			01-14-05	\$ 100.00
	Amendment				\$
Extension of Time					\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
-	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$100.00
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		C	redit Depo	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
Credit Gard Refund					
Credit Gard Refund Lee Code Carrection					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: BARBARA CAMPBEIL TITLE:					
SIGNATURE: BAC			PI		308-9140
office: <u>PCT/DO/EO</u>					
THIS SPACE RESERVED FOR FINANCE USE ONLY: Refund Ref: 67/27/2805 6636823822					
APPROVED: DATE:					
Credit Card Refund Total: \$100.00					

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B